

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masaki HOSHINA

Serial No. 10/773,561

Confirmation No. 3563

Filed: February 6, 2004

For: Contact-Free Data Communications System, Data Communications Device, Contact-Free Identification Tag, Program for Controlling the Contact-Free Identification Tag, and Program for Controlling Data Communications Device

Art Unit: 2612

Examiner: Nwugo, Ojiako K

I hereby certify that this correspondence is being transmitted via electronic filing to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

March 24, 2010

Date of Deposit

Juanita Soberanis

Name

Signature *Juanita Soberanis* 3/24/2010

Signature

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	20	0	LG=\$52 SM=\$26	\$ 0
INDEPENDENT CLAIMS FEE	6	9	0	LG=\$220 SM=\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)			\$270 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 2, 3, 4, 6, 10 and 20				TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$-0- to cover the additional claims fee to Deposit Account No. 50-1314.
- ☐ Please charge the amount of \$-0- to cover the extension fee to Deposit Account No. 50-1314.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: *Troy M. Schmelzer*

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Date: March 24, 2010

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